

**NPM 15:** *The percent of very low birth weight infants among all live births.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	1	1
Annual Indicator	1.2	1.3	1.3	1.3	
Numerator	855	885	863	908	
Denominator	69,289	69,012	68,510	69,999	
Is Data Provisional or Final				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	1.2	1.2	1.1	1.1	1.0

#### Notes - 2002

#Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Births and Infant Deaths, 2001. Madison, Wisconsin, 2003.

Data issues: The objectives, although flatlined to 1.0% through 2004, and .9% for 2007 and 2008, reflect realistic outcomes given the limits of clinical ability to manage preterm labor and the increasing rate of high-order multiple births. Data for 2002 are not available from the Bureau of Health Information until mid-2004.

#### Notes - 2003

Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Public Health, Bureau of Health Information and Policy, Wisconsin Births and Infant Deaths, 2003. October 2004.

Data issues: Our objectives, flatlined at 1.0% through 2004, increase to 1.2% for 2005 and 2006, then decrease to 1.1% for 2007 and 2008, and decrease again in 2009 to 1.0%, reflect realistic outcomes given the limits of clinical ability to manage preterm labor and the increasing rate of higher-order multiple births; additionally, national and state data for this indicator reflect a slight increase overall in the rate of very low birth infants.

#### Notes - 2004

Data for 2004 are not available until from the Bureau of Health Information and Policy until 2006.

#### a. Last Year's Accomplishments

Impact on National Outcome Measures: NPM #15 relates to National Outcome Measures #1, #2, #3, and #5. VLBW is directly related to morbidity and mortality in the perinatal period. In 2003, the very low birthweight percentage in Wisconsin was 1.3% among all births (908/69,999). Each of the activities identified below focuses on improving infant mortality and other perinatal indicators including the percent of very low birth weight live births.

1. Title V MCH/CSHCN Program Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

In 2004, the Title V Program funded 32 LHDs totaling 36 objectives addressing perinatal care coordination and related services.

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants  
PNCC services are available to Medicaid-eligible pregnant women with a high-risk for adverse pregnancy outcomes. In State Fiscal Year 2004, 8787 women received PNCC services from 104 providers. The Title V MCH/CSHCN Program staff collaborated with DHCF to revise and pilot test the initial assessment tool, provide regional education sessions, and complete a survey to assess WIC/PNCC collaboration.

3. Healthy Babies Initiative--Infrastructure Building Services--Pregnant women, mothers, infants  
Five regional and 2 racial/ethnic Healthy Babies Action Teams met following a perinatal summit to identify new approaches to improve perinatal outcomes and reduce disparities. Title V program staff served on the Healthy Babies Steering Committee and supported the goals to increase awareness of infant mortality and disparities, identify evidence-based strategies, and support the Action Teams. Title V activities included: 1) publishing a report in the Wisconsin Medical Journal, 2) conducting a literature search to identify evidence-based practices to reduce fetal-infant mortality, 3) hosting the Action Team meeting focusing on disparate African American infant mortality rates; 4) providing presentations at other team meetings; 5) negotiating with MCH-funded statewide projects for additional support activities, and 6) submitting a grant application for a project to build on the initiative.

4. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants  
Title V staff participated in a national Healthy Start meeting and collaborated with the Milwaukee Healthy Beginnings Project of the Black Health Coalition and the Honoring Our Children Project of Great Lakes Inter-Tribal Council.

5. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants  
The Wisconsin Association for Perinatal Care provided education on topics including the life span approach, perinatal depression, unlearning racism, and preconception. The Infant Death Center of Wisconsin provided education, focus groups, and facilitation of Healthy Babies teams.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Title V Funded Perinatal Services		X		
2. Prenatal Care Coordination		X		
3. Healthy Babies in Wisconsin Initiative				X
4. Federal Healthy Start Projects			X	
5. Title V funded statewide projects: Wisconsin Association for Perinatal Care and Infant Death Center of Wisconsin				X

#### **b. Current Activities**

1. Title V MCH/CSHCN Program Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

For 2005, the Title V program funded 32 LHDs totaling 35 objectives to do perinatal care coordination and related services

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program is collaborating with the DHCF to finalize revisions of the PNCC initial assessment tool and plan statewide implementation and education. To build on PNCC services, a prenatal component was included in a Milwaukee Comprehensive Home Visiting Program.

3. Healthy Babies Initiative--Infrastructure Building Services--Pregnant women, mothers, infants

The Healthy Babies Action Teams continue to explore regional and racial/ethnic approaches to improve perinatal outcomes and reduce disparities in adverse pregnancy outcomes. Select activities include efforts to increase awareness of stress during pregnancy in the Western Region and a focus on tobacco cessation in the Southeast Region. The Title V Program will continue to be represented on the Steering Committee. An AMCHP presentation in February 05 focused on "Racial and Ethnic Disparities in Wisconsin."

4. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program staff serve on steering/advisory committees for both Healthy Start projects in the state. The Black Health Coalition and Great Lakes Inter-Tribal Council are key partners of the Healthy Babies initiative. The Milwaukee Healthy Beginnings Project and the Honoring Our Children Project both provide services to increase first trimester prenatal care and decrease VLBW and infant mortality including outreach, education, case management, referral and follow-up services.

5. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants

The WAPC annual conference featured major presentations on African American adolescent parents, multi-cultural perspectives on pregnancy, birth, and infant care, and perinatal depression. WAPC worked with a Healthy Babies Action Team to increase awareness of stress during pregnancy and opportunities for community support. At the request of CDC, WAPC members will provide 3 presentations at a national Preconception Conference and submit 2 articles for publication in a Supplement on Preconception Care of the Maternal and Child Health Journal. The Infant Death Center of Wisconsin is providing support to the Healthy Babies initiative and providing education for hospital staff on the importance of consistent SIDS risk reduction messages and modeling Back to Sleep and safe sleep practices. Beginning July 1, 2005, statewide projects will continue educational efforts and support for the Healthy Babies initiative, reconvene a Folic Acid Task Force, and plan pilot projects to implement evidence based strategies to improve birth outcomes and reduce disparities.

**c. Plan for the Coming Year**

1. Title V MCH/CSHCN Program Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program anticipates ongoing funding of LHDs for perinatal care coordination and related services.

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program will continue to collaborate with DHCF to provide support and technical assistance for the PNCC program and providers. Outreach and quality improvement initiatives will continue to assure care coordination services are available to pregnant women at risk for adverse outcomes. A series of educational sessions will be provided to PNCC providers participating in the Milwaukee Comprehensive Home Visiting Program.

3. Healthy Babies Initiative--Infrastructure Building Services--Pregnant women, mothers, infants

The Healthy Babies initiative will continue work to improve birth outcomes and address disparities with regional and racial/ethnic Action Teams. The Title V MCH/CSHCN Program will continue to support the initiative by: 1) Participating on the Steering Committee and Action Teams, 2) Funding support for related activities by Statewide Projects, and 3) Collaborating with partners on projects including the March of Dimes Prematurity Campaign and Milwaukee FIMR.

4. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program will continue to serve on advisory committees for the Healthy Start projects and participate in the Milwaukee FIMR program. The collaborative efforts of many partners will continue to sustain the Healthy Babies initiative.

5. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program plans to continue funding statewide projects for: a) education on evidence-based practices to improve birth outcomes and reduce disparities, b) support for the Healthy Babies initiative, c) preconception education, resources and collaborative efforts, and d) pilot projects. Pilot projects will be implemented by the statewide projects in targeted areas of the state with the highest rates of African American infant mortality. The statewide Program to Improve Maternal Health and Maternal Care will provide technical assistance and resources to support healthcare providers to increase risk assessment and follow-up services for perinatal women. The Statewide Program to Improve Infant Health and Reduce Disparities in Infant Mortality will establish a pilot project that supports healthcare providers and community organizations to implement strategies to reduce the risk of SIDS and infant mortality.